

RECEIVED
CENTRAL FAX CENTER

JAN 07 2005

**BOSE
McKINNEY
& EVANS LLP**

ATTORNEYS AT LAW

Christine E.M. Orich2700 First Indiana Plaza
135 North Pennsylvania Street
Indianapolis, IN 46204
Direct Dial: (317) 684-5414
Fax: (317) 223-0414
E-Mail: COrich@boselaw.com**FAX TRANSMITTAL SHEET**Date/Time: January 7, 2005

CONFIDENTIALITY NOTICE: The materials enclosed with this facsimile transmission are private and confidential and are the property of the sender. The information contained in the material is privileged and is intended only for the use of the individual(s) or entity(ies) named below. If you are not the intended recipient, be advised that any unauthorized disclosure, copying, distribution or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this facsimile transmission in error, please immediately notify us by telephone to arrange for return of the forwarded documents to us.

TO

Examiner Michael Trettel

Art Group No. 3673

United States Patent & Trademark Office

FAX NO.

(703) 872-9306

User Number: 872 **Client #:** 8266 **Matter #:** 1170

Total number of pages transmitted including cover sheet:**Comments:** **VIA FACSIMILE TO (703) 872-9603**

Faxed: 07 January 2005
Applicant: Robert FERRAND, et al.
Serial No.: 10/730,453
Title: PATIENT CARE SYSTEM
Filed: 08 December 2003
Atty. No.: 8266-1170

☒ Transmittal (in duplicate) w/ Certificate Under 37 C.F.R. § 1.8(a); and
☒ After Final Amendment & Response w/ Certificate Under 37 C.F.R. § 1.8(a).

The stamp of the Patent and Trademark Office hereon indicates receipt of the above-identified documents.
CMO:mnc

If you experience any problems in receiving any of these pages, please call the Copy Center as soon as possible at (317) 684-5144. Thank you.

Downtown • 2700 First Indiana Plaza • 135 North Pennsylvania Street • Indianapolis, Indiana 46204 • (317) 684-5000 • FAX (317) 684-5173
North Office • 600 E. 96th Street • Suite 500 • Indianapolis, Indiana 46240 • (317) 684-5300 • FAX (317) 684-5316
Washington Office • 1100 20th Street, N.W. • Washington, DC 20036 • (202) 973-1229 • FAX: (317)

BOSE MCKINNEY & EVANS LLP**CUSTOMER NUMBER 25267**2700 First Indiana Plaza
135 North Pennsylvania Street
Indianapolis, Indiana 46204**PATENT APPLICATION**

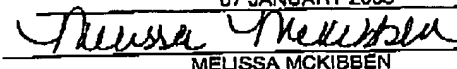
Applicant: Ferrand, Robert, et al.
 Serial No.: 10/730,453
 Filing Date: December 8, 2003
 Title: PATIENT CARE SYSTEM
 Group: 3673 Examiner: M. Trettel
 Atty. Docket: 8266-1170

Certificate Under 37 C.F.R. § 1.8(a)

I hereby certify that this correspondence is being transmitted via facsimile to (703) 872-9306 at the United States Patent and Trademark Office, Alexandria, Virginia 22313-1450, to the attention of Examiner Michael Trettel.

on

07 JANUARY 2005



MELISSA MCKIBBEN

Dated:

07 JANUARY 2005

Mail Stop AF
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS (37 C.F.R. 1.16(c))	41	51	0	\$50	\$0
INDEPENDENT CLAIMS (37 C.F.R. 1.16(b))	2	7	0	\$200	\$0
If applicant has small entity status under 37 C.F.R. 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL	NO	\$0
TOTAL FEE FOR ADDITIONAL CLAIMS					\$0

*If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.
 **If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

An Extension of Time for _____ month(s) is hereby requested under
 37 C.F.R. 1.136(a). The required fee for filing this extension is: _____

Information Disclosure Statement _____

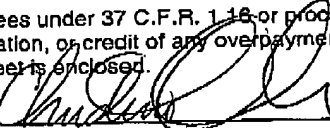
TOTAL FEE FOR THIS AMENDMENT

0.00

A check in the amount of \$ _____
 amendment is attached.

to cover the total fee for this

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during the prosecution of this application, on credit of any overpayment, to Bose McKinney & Evans LLP's Deposit Account No. 02-3223. A duplicate copy of this sheet is enclosed.


 Christine E.M. Orich
 Reg. No.: 44,987

Indianapolis, Indiana 46204
 Telephone: (317) 684-5000

BOSE MCKINNEY & EVANS LLP**CUSTOMER NUMBER 25267**

2700 First Indiana Plaza
135 North Pennsylvania Street
Indianapolis, Indiana 46204

PATENT APPLICATION

Applicant: Ferrand, Robert, et al.
Serial No.: 10/730,453
Filing Date: December 8, 2003
Title: PATIENT CARE SYSTEM
Group: 3673 Examiner: M. Trettel
Atty. Docket: 8266-1170

Certificate Under 37 C.F.R. § 1.8(a)

I hereby certify that this correspondence is being transmitted via facsimile to (703) 872-9306 at the United States Patent and Trademark Office, Alexandria, Virginia 22313-1450, to the attention of Examiner Michael Trettel.

on 07 JANUARY 2005


MELISSA MCKIBBEN

Dated: 07 JANUARY 2005

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS (37 C.F.R. 1.16(c))	41	51	0	\$50	\$0
INDEPENDENT CLAIMS (37 C.F.R. 1.16(b))	2	7	0	\$200	\$0
If applicant has small entity status under 37 C.F.R. 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL	NO	\$0
TOTAL FEE FOR ADDITIONAL CLAIMS					\$0

*If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.
**If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

An Extension of Time for _____ month(s) is hereby requested under
37 C.F.R. 1.136(a). The required fee for filing this extension is: _____

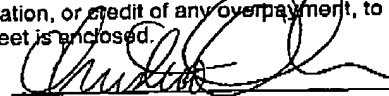
Information Disclosure Statement _____

TOTAL FEE FOR THIS AMENDMENT

0.00

A check in the amount of \$ _____ to cover the total fee for this
amendment is attached.

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpayment, to Bose McKinney & Evans LLP's Deposit Account No. 02-3223. A duplicate copy of this sheet is enclosed.


Christine E.M. Orch
Reg. No.: 44,987

Indianapolis, Indiana 46204
Telephone: (317) 684-5000

JAN 07 2005

BOSE McKINNEY & EVANS LLP

CUSTOMER NUMBER: 25267

2700 First Indiana Plaza
135 North Pennsylvania Street
Indianapolis, Indiana 46204

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Atty. Docket: 8266-1170

Applicant(s): Ferrand et al.

Title: PATIENT CARE SYSTEM

Serial No.: 10/730,453

Filed: December 8, 2003

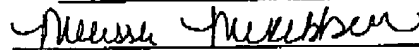
Examiner: Trettel, M.

Group: 3673

Certificate Under 37 C.F.R. § 1.8(a)

I hereby certify that this correspondence is being transmitted via facsimile to (703) 872-9306 at the United States Patent and Trademark Office, Alexandria, Virginia 22313-1450, to the attention of Examiner Michael Trettel.

on JANUARY 7, 2005


MELISSA MCKIBBEN

Dated: 07 JANUARY 2005

AFTER FINAL AMENDMENT AND RESPONSE

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicants respectfully submit the following response to the Final Office Action mailed November 9, 2004.